COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addresse so that we can return the card to you. C. Date of Deliver B. Received by (Printed Name) Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? Utah Department of Transportation If YES, enter delivery address below: □ No PO Box 148240 JUL 2 n 2016 Salt Lake City, Utah 84414 State Mail & Distribution Svcs m1035/0642 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restric Certified Mail® Delivery 9590 9402 1486 5329 8982 54 ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery □ Signature Confirmation ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation 0001 4231 9890 Restricted Delivery 7014 2870 Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receip



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